This form and Form IT-15 may be electronically filed and paid at www.columbus.gov/IncomeTaxDivision

Form **IT-11** City of Columbus, Income Tax Division

Employer's Quarterly Return of City Tax Withheld

ACCOUNT INFORMATION

EIN/FID number _____ **-W**

Employer name _____

Address _____

City _____ State _____ Zip code _____

TAX YEAR _____ QUARTER _____

Check this box if **AMENDED** ☐

Should this account be inactivated? ☐ YES ☐ NO

IF YES, please explain _____

Effective date _____

WITHHOLDING DUE

CITIES	QUALIFIED WAGES	TAX RATE	TAX DUE	PENALTY DUE	INTEREST DUE	LATE CHARGE	TOTAL DUE	LESS PRIOR PAYMENT	NET DUE
				SEE INSTRUCTIONS					
01 Columbus		2.5%							
88 Alternate Columbus*									
						TOTAL			**

*For additional tax due from residents working in cities with a lower tax rate.

Make checks payable to: **CITY TREASURER**

Mail to: Employer Withholding Tax
PO Box 182489
Columbus, OH 43218-2489

****Please do not remit amounts of $10.00 or less.**

- **It is the employer's responsibility to determine the required frequency of depositing withholding based on the withholding amounts. See IT-11 Instructions for details.**
- **This return must be filed even if no wages were paid during the quarter.**
- **This form MUST accompany your tax payment.**

SIGNATURE

OFFICER NAME (Please print) _____

OFFICER SIGNATURE _____

OFFICER TITLE _____

DATE _____

For Tax Office Use:

Rev. 10/7/2020

Print Form Reset Form